



Practitioner's Docket No. 281\_390NP

PATENT



NEW APPLICATION TRANSMITTAL

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 3, 2003 under "EXPRESS MAIL" mailing label number EL 796815511 US.

*Susanne C. Aregano*  
Susanne C. Aregano

Transmitted herewith for filing is the patent application of:

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Inventor 4: John R. Strom  
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Inventor 5: Peter J. Davis  
Address: 2891 West Lake Road, Skaneateles, NY 13152

Title: MEDICAL DIAGNOSTIC INSTRUMENT

**1. Papers enclosed**

**A. Required for filing date under 37 CFR 1.53(b) (Regular) are:**

15 Page(s) of Specification  
6 Page(s) of Claims  
1 Page(s) of Abstract  
6 Sheets of Drawings (Figs. 1-10)

**2. Additional Papers to Follow Under Separate Cover**

- ☒ A combined Declaration and Power of Attorney
- ☒ An Information Disclosure Statement
- ☒ PTO Form-1449
- ☒ An Assignment Transmittal and Assignment of the invention to Welch Allyn, Inc.

## 3. Relate Back

☒ Priority of U.S. Provisional Application Serial No. 60/394,501, filed July 9, 2002, is hereby claimed under 35 U.S.C. §119(e).

4. Prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

**--Cross Reference to Related Application**

Reference is made to and priority claimed from U.S. Provisional Application Serial No.60/394,501 filed July 9, 2002, entitled MEDICAL DIAGNOSTIC INSTRUMENT under 35 USC §119(e).--

## 5. The filing fee has been calculated as shown below:

A.	Filing Fee	
	<input checked="" type="checkbox"/> Original Patent Application	\$ <u>750.00</u>
	<small>(37 C.F.R. 1.16(a) --\$750.00; Small Entity--\$375.00)</small>	
B.	Fees for Claims (36 Claims; 5 Indep.)	
	<input checked="" type="checkbox"/> each independent claim in excess of 3	\$ <u>168.00</u>
	<small>(37 C.F.R. 1.16(b)--\$84.00; small entity--\$42.00)</small>	
	<input checked="" type="checkbox"/> each claim in excess of 20	\$ <u>288.00</u>
	<small>(37 C.F.R. 1.16(c)--\$18.00; small entity--\$9.00)</small>	
	<input type="checkbox"/> multiple dependent claim(s)	\$ <u>.00</u>
	<small>(37 C.F.R. 1.16(d)--\$280.00; small entity--\$140.00)</small>	
C.	<input type="checkbox"/> Assignment Fee	\$ <u>.00</u>
	<b>Total Fees Due</b>	<b>\$ <u>1,206.00</u></b>

☒ A check in the amount of \$1,206.00 is enclosed.

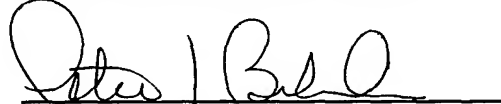
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0289.

☒ Any additional filing fees required under 37 CFR 1.16.

☐ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

WALL MARJAMA & BILINSKI LLP



Peter J. Bilinski  
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July 3, 2003  
Date

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